

**NOT GUILTY PLEA  
FORM SUMMARY**

- Purpose of Form:** To enter a plea of not guilty and receive a date for pre-trial (for traffic cases) or trial (for non-traffic cases)
- Accompanying Documents/Information:** None
- Payment Required:** \$0.00
- How to File the Form:** The original form must be filed with the court. To file the form, you may do one of the following:
- (1) Mail the form to: Milwaukee Municipal Court  
951 North James Lovell Street  
Milwaukee, WI 53233-1449
  - (2) Bring the form to the court in person (please check court hours before coming to court)
- If you mail the form at least ten (10) days before the court date listed on your citation, you do not have to appear in court on that date.
- Once the form is filed with the court, you will be notified by mail of your new court date.
- Deadline for Completion:** If you are mailing the form, mail it at least ten (10) days before the court date listed on your citation.
- If you are bringing the form to court in person or sending it by fax, the court must receive the form on or before the court date listed on your citation.
- Additional Instructions:** The following information must be completed on the form before it can be filed with the court:
- Defendant: If this is a case against you, fill in your name. THIS INFORMATION IS REQUIRED.
- Address: Fill in your current mailing address. THIS INFORMATION IS REQUIRED.
- Citation Number: Fill in the citation number. The citation number is listed in red print on the top of the ticket. THIS INFORMATION IS REQUIRED. If you can not find your case number, contact the court.

Milwaukee Municipal Court  
951 N James Lovell St  
Milwaukee, WI 53233-1449  
414-286-3800  
414-286-3615 (fax)



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## PLEA OF NOT GUILTY

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\_\_\_\_\_  
Defendant Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State ZIP

Citation Number(s):

Charge(s):

Court Date(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I wish to enter a plea of Not Guilty to the citation(s) indicated above. I understand that if I return this plea to the court, in person, by fax or by mail, at least 10 days before the scheduled court date(s), I do not have to come to court until notified by mail of my new court date.

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

OR, if submitted by defendant's attorney, attorney must complete the following:

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Attorney Bar Number

\_\_\_\_\_  
City, State ZIP

\_\_\_\_\_  
Telephone Number